

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0010

2005

▶ **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

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| 1 Type or print your first name and middle initial | Last name | 2 Your social security number : : : : |
| Home address (number and street or rural route) | | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |
| City or town, state, and ZIP code | | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ▶ <input type="checkbox"/> |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) | | 5 <div style="border: 1px solid black; width: 100px; height: 20px;"></div> |
| 6 Additional amount, if any, you want withheld from each paycheck | | 6 \$ <div style="border: 1px solid black; width: 100px; height: 20px;"></div> |
| 7 I claim exemption from withholding for 2005, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> ● Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and ● This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. | | |
| If you meet both conditions, write "Exempt" here ▶ | | |
| 7 <div style="border: 1px solid black; width: 100px; height: 20px;"></div> | | |

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature

(Form is not valid unless you sign it.) ▶

Date ▶

| | | |
|------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------|
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) | 9 Office code (optional) | 10 Employer identification number (EIN) : : : : |
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